File with, lowa Ethics and Campaign Disclosure Board 510 E. 12°, Ste 1A

Reset Form

RECEIVED

Des Moines, lowa Fax: 515-281-407		FOR INSTRUC	TIONS. SEE BACK OF FORM RE SUMMARY PAGE		J.	N 2 2 2008
COMMITTEE NA	ME (Must be	e same as on Statement of t	Organization)			
Alliant Energy f					FORM	l
(4)County Central (Subdivision Candida 11) Local Ballot Issu	ative/Judge S committee (a te (8)Count e	ty PAC (9) City PAC (10) Sch	for []	olitical n PAC (DR-2 (Rev. 07/2007) For Office Use On Comm #	
CANDIDATE CON Candidate Name	MITTEES	ONLY:	Political Party (if applicab	ole)	Logged in	
Office Sought			District (if Senate or House	<u></u> ≥e)	Audited	
Late reports are subj	MARIA	plus	Pursuant to lowa Code sections 686 319-186-1266 TELEPHONE	32A(7) and	58A.401(3), the ca	ndidate, for a
I AM FILING A Jan	uary 19. 20	008	REPORT FOR (1) ELECT	TON #2000	N El CATION VE	
		port date)		by # 1	N-ELECTION YEA	WK.
CHECK IF AMEN	DMENT TO	REPORT DATED			ommittees, enter Dat	
(You must	continue to	tion) report and attach Notic file reports until a DR-3 is fil	ed.)	County 8	y 29, 2008 Local Commillees, ection is held Il County	enter County in
	1	NT OF CASH ON HAI				
committee.	⊤his amou	int MUST be the same as th	Total of all funds held by the e cash on hand at the end offirst report filed.)	. .	0.00	
ADD TOTA	L MONEY	TAKEN IN THIS PERIOD				· · · · · ·
			edule A) (*also see in-kind below) .			
			le F)			
			ttach Schedule H)			
<u>(Sc</u>	hedule H a	applies to Candidates' Cor	nmittees Only)			
			SUB-TOTAL	\$	0.00	
	l e	ONEY SPENT THIS PERIO				
			3) (""also see debis and loans belo			
			fule F)			
ASH ON HAND at I	ne end of th	nis reporting period (if final re	eport balance must be zero)	\$	0.00	·
UNPAID BILLS (Fr	m Schedul	ie D - Attach Schedule D)	***************************************	\$		
			edula E),		13,678.09	
OUTSTANDING LO	ANS (From	Schedule F - Attach Sched	lule F)	\$		
		Schedule G Altached?)			YESN	0
ANDIDATE COMMI	TEES ON	<u>LY:</u>			-	
ALUE OF CAMPAIC	N PROPE	RTY (From Schedule H - Alt	each Cabadida LIV			
		,	acti schedule m)	\$		

FOR INSTR	UCTIO	NS, SEE BACK OF FORM			SCHEDULE	HA
COMMITT	EE NA	ME (Must be same as on Statement of Organia	zation)		(Rev. 06/97)	IN-KIND CONTRIBUTIONS
Alliant	energ	for Carroll Committee		Reset Form	CHECK	THIS BOX IF ING FORM
DATE RECEIVED (MM/DD/YR)		NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	V IF FOR FUND-RAISER CONTRIBUTION
11/30/2007	PO	stare Power & Light - Alliant Energy Box 351 ar Rapids, IA 52406-0351		Polling Services	\$ 8,942.23	
11/30/2007	PO	rstate Power & Light - Alliant Energy Box 351 ar Rapids, 1A 52406-0351		Customer information cards	310,00	
11/30/2007	PO	state Power & Light - Alliant Energy Box 351 at Rapids, 1A 52406-0351		Customer information signs	273.46	
10/30/2007	PO	state Power & Light - Alliant Energy Box 351 ar Rapids, IA 52406-0351		Polling Research	1.200.00	
11/30/2007	PO I	state Power & Light - Alhant Energy Box 351 er Rapids, 1A 52406-0351		Customer information cards	1,472.44	
12/30/2007	PO I	state Power & Light - Alliant Energy Box 351 ar Rapids, IA 52406-0351		Design work for radio ads	300.00	
12/30/2007	PO E	state Power & Light - Alliant Energy 30x 351 r Rapids. IA 52406-0351		Design work for print ads	959.96	
12/30/2007	PO E	state Power & Light - Alliant Energy ox 351 r Rapids, IA 52406-0351		Copy writing for campaign materials	220.00	
· · · · · · · · · · · · · · · · · · ·				SUB-TOTAL	\$ 13,678.09	
				TOTAL (if last page of this schedule)	\$ 13.678.09	
committee Rei; by maniage) (ations! See Pa	is candidates to disclose the relationship of any tip must be shown to the third degree of conser- tige 2 of forms packet). If surname of contribute the "not applicable" in the relationship column.	Taulaity (blood relative	es) and affinity /relatives	Page 1	of <u>l</u> r Schedule E)

	SCHEDULE	
Reset form	G BREAKDOWN	
	(Rev. 12796) EXPENDITURES	
Alliant Energy for Carroll Committee	CHECK THIS BOX IF	
	AMENDING FORM	

PART I. NAME AND ADDRESS OF CONSULTANT	PART #- ITEMIZE TO OTHERS IN P reported on Schel	PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)	3Y CONSULTANT 5 Should NOT be	
Name of Consultant Flynn Wright	DATE	NAME AND ADDRESS TO WHOM EXPENDITURE		AMOUNT
Mailing Address 501 SW 7th Street - Suite J	(HA/CIC/MIN)		PURPOSE	
City State Zip Code Des Moines IA 50309				•
TOTAL ANTICIPATED CONTRACT PERIOD (MAI/DD/YR) PERFORMANCE				
To 12/31/07 5 2,366.86				
ESTIMATES OF PERFORMANCE				
Campaign consulting including but not limited to: writing materials,			SUB-TOTAL	9
research and services; direct mail development, production and delivery; promotional materials development and production.		TOTAL (Minst page of this schedule)	of this schedule)	S
and actual expenses.				

(for Schedule G)